Request for Care Information/ Level of Care Score

PURPOSE OF CARE (Client Assessment, Referral, Evaluation)

✓ Determines the need for LTC services (NF or HCBS)
✓ Identifies appropriate service options that will meet needs

2 TYPES OF ASSESSMENT

✓ Assessment Services
- 1994 Kansas State Legislature mandated
- Process is Administered by Kansas Department of Aging
- Known as CARE Program (Client, Assessment, Referral, and Evaluation)

✓ PASSAR Screening-Federal requirement for those:
- Seeking placement in Medicaid certified NF
- Converting from HCBS to NF

THE TWO LEVELS OF PASSAR SCREENING

✓ Level I identifies presence of mental illness or mental retardation or related condition

✓ Level II is completed when Level I screening determines the presence of MI or MR/RC.

✓ Level II has 2 purposes:
- Identify if placement in NF is appropriate
- Determine if individual requires specialized services
- If specialized services are required, the consumer cannot be placed in a regular NF. If the consumer enters a regular NF when specialized services are required, the consumer is inappropriately placed and Medicaid will not reimburse

✓ If a Level II CARE Assessment is required, the CARE coordinator from the AAA will make the referral for screening.

LEVEL OF CARE REQUEST

✓ EES worker will request a Level of Care from the Kansas Department on Aging (KDOA) via the online web application at http://www.aging.state.ks.us/. To access the user manual go to http://www.aging.state.ks.us/Manuals/Care.

✓ The results of the assessment will be placed into a posted list for the EES worker to check and an e-mail will be sent to the worker stating the request has been posted.

✓ Payment is dependent upon the completion of a CARE assessment and a documented LOC score meeting the specified threshold level.

When does a worker not have to request a level of care?

- Case record **must clearly document** why assessment is not required

✓ Patient admitted to a hospital from an NF and is returning to the NF

✓ Resident transferred from another NF (in-state)

✓ Individuals **admitted directly from a hospital** whose length of stay is expected to be 30 days or less based on physician's certification. On 31st day the assessment must be completed and payment to the facility cannot be made until level of care is known.

✓ Individuals entering an NF conducted by and for the adherence of a recognized church or religious denomination for the purpose of providing care and services for those who depend upon spiritual means, through prayer alone, for healing.

✓ Individuals entering an NF due to provisions of emergency services through APS.

✓ Individuals admitted to an NF for the purpose of providing respite care for the care-giver of the resident for a time periods not to exceed 30 days. The reason for admission would have to be certified by a physician.

A care assessment may be delayed if the individual is admitted under a provisional (emergency) admission as defined by KDOA. Provisional admissions are made in certain situations, such as an APS placement, to allow the individual to obtain immediate care. The length of the provisional stay will be available on the care inquiry request. . (KEESM 8114.1)

For situations not exempt or delayed from CARE, no reimbursement for NF care will be made prior to the completion of the CARE and any necessary Level II screen. If a CARE is completed and the client meets the level of care, Medicaid payment may be approved beginning with the date the CARE assessment was completed. When NF reimbursement is denied for an individual who is otherwise eligible for reimbursement solely because of the delayed CARE, the individual is not responsible for any NF costs during the period of delay. These costs are assumed by the nursing facility.